Year 1

The GROW Study

Guiding Research on Well-being

Executive Summary

The GROW (Guiding Research on Well-being) Study is a five-year longitudinal evaluation examining how participation in Child Care Resource Center (CCRC) programs contributes to family well-being over time. Grounded in the Protective Factors Framework, Maslow's Hierarchy of Needs, and the Social Determinants of Health, the study explores how internal family strengths and access to external supports interact to influence long-term stability and opportunity for children and their caregivers (throughout this report "caregiver" refers to biological or adoptive parent, guardian, or other adult responsible for the daily care of the child).

This report presents Year 1 (2025) baseline findings, describing families' circumstances when they entered the GROW study, whether enrolled in CCRC programs or on the waitlist.

Who Participated

A total of 406 unique families participated in Year 1:

- 315 families enrolled in CCRC programs
  - 205 in Child Care Financial Assistance (CCFA)
  - 89 in Early Care and Learning (ECL)
  - 21 in Home Visiting (HV)
- 109 families on the waitlist (comparison group)

Note: Eighteen families participated in more than one CCRC program. As a result, while study enrollment totals 424, the number of unique families is 406.

Families reflect the linguistic and cultural diversity of the communities CCRC serves. Most households reported low-to-moderate incomes (58% earning $34,000 or less annually), and 40% identified as single-parent households.

Key Baseline Findings

Families Enter with Strengths

Across programs and the waitlist, families reported relatively high levels of resilience and protective factors at baseline. Few statistically significant differences were observed between groups, which is expected in the first year of a longitudinal study. Families bring meaningful strengths to their parenting, even while navigating financial and caregiving stressors. One CCFA caregiver shared, "Things that get me through it are honestly other moms...People who have already been through similar challenges and come out the other side."

Access to Services Reduces Barriers

While protective factors were similar at entry, differences emerged in access-related stressors:

59% of waitlist families reported difficulty finding child care.

85% of waitlist respondents cited cost as a barrier to child care.

62% of waitlist families reported family stress affecting parenting, compared to approximately **40%** of enrolled families.

These findings suggest that access to subsidized child care and other family-support resources may help stabilize foundational needs and reduce stress.

"It's a struggle to put a child in daycare, it's a (financial) burden, it's a lot of money, it's hard without CCRC to make it happen, and if you don't have a safe place to keep your child, then you won't be able to do your work."

- CCFA Caregiver

Families Describe CCRC as a Stabilizing Force

Survey and interview findings consistently highlight CCRC's role in:

- Enabling parents to work or pursue education
- Reducing financial strain
- Supporting children's social and developmental growth
- Providing emotional support and connection to community and resources

Families frequently described CCRC as a "village" or lifeline, particularly for single parents, immigrant families, and those without extended support networks.

"All resources that I've been given, whether it be food banks, diaper drives, toy drives, they've all been a big help and a big part of my life. Especially CCRC, I didn't know how I was going to pay for child care."

- CCFA Caregiver

"I have had just the most overwhelmingly positive experience. Everyone I talk to has been helpful, every single conversation ends with a solution."

-CCFA Caregiver

Waitlist Families Experience Ongoing Uncertainty

Families on the waitlist described extended waiting periods, financial strain, and difficulty accessing affordable child care. For some, children aged out of eligibility before services became available, limiting potential impact.

"(Not receiving services) definitely challenges us financially and affected my work schedule. (I) had to work less and accept a lower paying job that had more flexibility so I could stay at home and take care of (my) kids."

- Caregiver on the Waitlist

Why This Matters

Year 1 establishes a critical baseline for understanding how CCRC programs relate to family stability and well-being over time. While families enter services with resilience, access to child care and concrete supports appear closely linked to reduced stress and improved stability.

As the GROW Study continues, future findings will examine how sustained participation influences families' ability to meet basic needs, strengthen protective factors, and pursue long-term educational and economic goals.

The GROW Study positions CCRC to better understand not only whether programs work—but how access to support shapes family well-being across time.

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Introduction

The GROW (Guiding Research on Well-being) Study is a multi-year evaluation designed to examine how participation in Child Care Resource Center (CCRC) programs contributes to family well-being over time. CCRC is a nonprofit organization serving families across northern Los Angeles and San Bernardino Counties through a comprehensive continuum of services, including Child Care Financial Assistance (CCFA), Early/ Head Start (referred to as Early Care and Learning (ECL) programs at CCRC), Home Visiting, and provision of holistic support services through a Family Resource Center model. These programs aim to promote stability, resilience, and positive long-term outcomes for children and families, particularly those facing economic hardship and other structural barriers.

The GROW Study is grounded in three complementary frameworks that together provide a holistic understanding of family well-being:

- Five Protective Factors for Resilient Families[1] gives us a practical lens for which families stay strong. Rather than focusing only on challenges or struggles, this framework highlights the strengths and supports that help families effectively manage stress in order to thrive.
- Maslow's Hierarchy of Needs[2] provides context for why meeting basic needs is foundational to family stability and long-term growth.
- Social Determinants of Health (SDOH)[3] are the real-world factors outside the doctor's office such as housing, child care, food access, and financial stability that directly affect the ability of families to thrive.

Individually, each framework offers a well-established lens for understanding child and family outcomes. Collectively, they allow this study to examine how internal family strengths, access to external resources, and the fulfillment of basic and higher-level growth needs interact to shape family trajectories over time. Together, these frameworks guide CCRC's efforts to deepen its understanding of how sustained access to services supports family resilience and promotes thriving communities across the regions it serves.

1 Center for the Study of Social Policy. (n.d.). Protective Factors Framework. Retrieved from https://cssp.org/our-work/projects/protective-factors-framework/

2 Maslow, A. H. (1943). A theory of human motivation. Psychological Review, 50(4), 370–396. https://doi.org/10.1037/h0054346

3 Friedman, C. (2020). The social determinants of health index. Rehabilitation Psychology, 65(1), 11–21. https://doi.org/10.1037/rep0000298

Framework Crosswalk: From Theory to Measurement

The GROW Study is grounded in complementary frameworks that help explain how family strengths, environment conditions, and basic needs shape family well-being. The Protective Factors Framework highlights the role of relational supports and caregiver resilience in promoting positive outcomes for children and families. Social Determinants of Health (SDOH) demonstrate that structural conditions, such as economic stability, neighborhood context, and access to services strongly influence family health and well-being. Similarly, Maslow's Hierarchy of Needs suggests that basic needs such as safety and stability must be met before families can fully engage in growth and self-actualization. In this study, these frameworks are operationalized through specific survey domains, including economic stability, access to resources, resilience, social connection, and self-actualization.

Table 1 below illustrates how these frameworks are operationalized within the GROW Study and reflected in survey domains and key measures.

Table 1. Framework Crosswalk

Framework	What It Helps Us Understand	How It Is Reflected in GROW	Example Areas Captured in Study
Five Protective Factors	Internal strengths and relational supports	Strengths-based survey items capturing connection, coping, and perceived support	Social connection, Knowledge of Parenting and Child Development, Resilience
Social Determinants of Health (SDOH)	Structural conditions that shape health outcomes	Demographic and household needs survey questions	Economic Stability, Neighborhood and Built Environment
Maslow's Hierarchy of Needs	Foundational needs that support stability and longer-term growth	Alignment of reported needs and service impacts across levels of need	Safety Needs, Self-Actualization

The GROW Study compares outcomes across program types – Child Care Financial Assistance (CCFA), Early Care & Learning (ECL), Home Visiting (HV), and families on the waitlist. Research suggests that early childhood programs can influence family and child outcomes, including economic stability, parenting support, and access to developmental opportunities.[4] Programs also differ in the level and continuity of support they provide to families. Prior research has found that more comprehensive and sustained early childhood investments tend to produce stronger and longer lasting impacts than lighter-touch interventions.[5,6] Examining results across these groups provides context for understanding how programs may differentially impact the lives of families.

Study Objectives and Research Questions

Primary Objective

The primary objective of this study is to investigate how participation in CCRC programs influences family protective factors, social determinants of health, fulfillment of basic needs over time, and how different frameworks help organize and explain those experiences.

Primary Research Question

How do CCRC programs relate to families' needs, strengths, well-being, and access to support over time?

4 Duncan, G.J., Magnuson, K. and Votruba-Drzal, E. (2015). Children and Socioeconomic Status. In Handbook of Child Psychology and Developmental Science, R.M. Lerner (Ed.). https://doi.org/10.1002/9781118963418.childpsy414

5 Campbell, F. A., Pungello, E. P., Burchinal, M., Kainz, K., Pan, Y., Wasik, B. H., Barbarin, O. A., Sparling, J. J., & Ramey, C. T. (2012). Adult outcomes as a function of an early childhood educational program: an Abecedarian Project follow-up. Developmental psychology, 48(4), 1033–1043. https://doi.org/10.1037/a0026644

6 Heckman, J. J. (2006). Skill formation and the economics of investing in disadvantaged children. Science, 312(5782), 1900-1902.

Methods

Study Design

The GROW Study is a 5-year research effort designed to follow families over time through yearly data collection. This report reflects data collected at the start of the study in the Summer of 2025.

This study was reviewed and determined to be exempt by the Institutional Review Board (IRB).

Study Population and Sampling

The study population includes families currently served by CCRC programs and families who applied for services and were placed on a waitlist in northern Los Angeles County and San Bernardino County. Families were eligible if they had at least one child under age six, and one adult caregiver was invited to participate from each household.

Recruitment Procedures

Recruitment methods were tailored by program type to support accessibility and reduce burden on families:

- Child Care Financial Assistance (CCFA) and Waitlist: Families were contacted via Blackboard text messaging in English, Spanish, and Armenian, with links to a secure SurveyMonkey sign-up.
- Home Visiting: Case managers conducted direct outreach to families or facilitated introductions to the research team .
- Early Care and Learning: Families were recruited through program events, staff outreach, Blackboard text messaging and multilingual printed flyers.

Eligibility screening and informed consent were embedded within the SurveyMonkey baseline survey. Families first completed a brief screening section to confirm eligibility, followed by consent before proceeding to the baseline survey. This process helped ensure that only eligible participants completed the survey and prevented duplicate participation from the same household.

Across all recruitment methods, outreach was conducted to approximately 33,863 families. This included 32,865 families in CCFA programs and waitlists, 928 in ECL, and 70 in HV.

Data Collection

Families completed an initial survey on SurveyMonkey to establish a starting point for the study. Surveys were offered in English, Spanish, and Armenian and included both structured questions and opportunities for participants to share their perspectives.

To add depth beyond the survey data, 40 families completed one-on-one interviews, providing insight into participant experiences and perceived program impact. Participants who indicated interest at the end of the baseline SurveyMonkey survey were asked whether they were willing to be contacted for a Zoom interview, with efforts made to include participants across program types and service areas. The study uses a participant-centered approach to maintain engagement over time, with increasing compensation each year to support continued participation.

Profile of Participating Families

A total of 406 families participated in the GROW Study during the first year of data collection. Participants were drawn from both CCRC program participants and a comparison group of families on CCRC waitlists, representing service areas in northern Los Angeles County and San Bernardino County.

Program Participation

A total of 776 responses were received for the baseline survey. Screening questions were used to confirm eligibility. Responses that were incomplete or did not meet eligibility requirements were excluded during data cleaning, resulting in a final sample of 406 participants.

Among the 406 participants, 315 families were enrolled in CCRC programs at the time of participation in this study, and 109 families were part of the waitlist comparison group. Eighteen families participated in two programs.

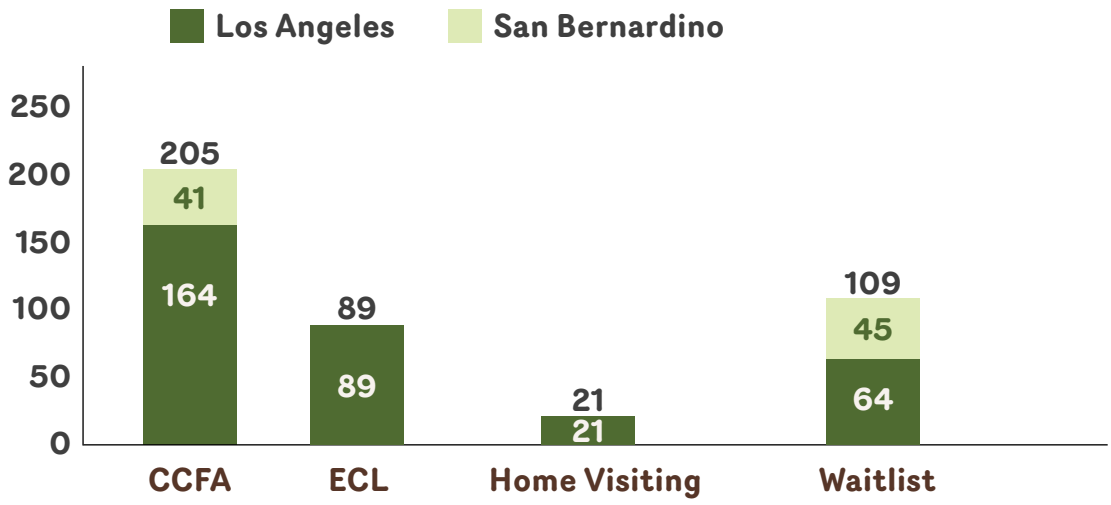
- Child Care Financial Assistance (CCFA): 205 participants
- Early Care and Learning (ECL): 89 participants
- Home Visiting (HV): 21 participants
- Waitlist (comparison group): 109 participants

County Representation

Participants reflected CCRC's two primary service regions, with variation by program based on geographic availability (see **Figure 1**).

- Child Care Financial Assistance (CCFA):
  - 164 participants from Los Angeles County
  - 41 participants from San Bernardino County
- Early Care and Learning (ECL):
  - 89 participants from Los Angeles County
  - (ECL services are offered primarily in Los Angeles County)
- Home Visiting (HV):
  - 21 participants from Los Angeles County
  - (Home Visiting services are offered primarily in Los Angeles County)
- Waitlist Group:
  - 64 participants from Los Angeles County
  - 45 participants from San Bernardino County

Figure 1. Number of Participants by Program and Region



Overall, 338 participants (80%) resided in Los Angeles County, and 86 participants (20%) resided in San Bernardino County, reflecting both the geographic distribution of CCRC services and program availability.

Household Composition

All participating families have at least one child age five or younger, and 65% reported having at least one child between the ages of 3 and 5 years. The most common family size was two children (37%), followed by one child (32%). Nearly one-fifth of families (19%) had three children and 14% had four or more children.

Household composition varied across participants. Nearly half of families (48%) reported having two adults in the household, while 33% had one adult, and 19% reported three or more adults living in the home. The majority of respondents (86%) identified as the child's biological parent. The remaining respondents included legal guardians, stepparents, adoptive parents, foster parents, and other caregivers.

In terms of marital status, 40% of caregivers identified as single parents, 36% reported being married, and 10% reported living with a partner. Half of participating families identified as Latino, while 17% identified as White, and 17% as African American. Detailed demographic tables are included in **Appendix A**.

Languages Spoken

The GROW Study reached families speaking a wide range of languages across programs, reflecting the linguistic diversity CCRC serves. While English (85%) and Spanish (45%) were the most common languages across all groups, participants also reported speaking Armenian (6%), American Sign Language (4%), Russian (3%), Arabic (1%), Farsi (1%), and others, which demonstrates broad linguistic reach. Families could report more than one language spoken at home; therefore, percentages do not total 100%. See **Appendix B**.

Socioeconomic Characteristics

More than half of families (58%) reported an annual household income of $34,000 or less, and 66% reported renting a home or apartment. When asked about housing conditions, 60% of families said they lived in housing that was stable and adequate, while 25% reported housing that was stable but mostly adequate.

Educational attainment among caregivers varied. One-quarter (25%) reported having a high school diploma, and another 25% reported having some college education. An additional 18% held a bachelor's degree, and 16% reported holding an associate's degree or trade school certification.

Findings

Findings begin with an examination of protective factors at baseline, highlighting families' strengths and internal supports at study entry. These measures provide insight into resilience, parenting capacity, and social-emotional strengths among participating families. Subsequent sections examine differences in families' economic and social conditions—such as housing stability, employment, and access to benefits—which reflect key components of SDOH and foundational needs described in Maslow's Hierarchy of Needs.

Family Strengths and Needs at Baseline

Baseline analyses indicate that families across CCRC programs and the waitlist entered the study with largely similar levels of protective factors. One-way Analysis of Variance (ANOVA) results showed few statistically significant differences across groups, which is expected in a baseline year (especially given the sample procedures aimed to ensure representation across key demographic characteristics, including race and ethnicity, so that program groups reflected comparable participant populations).

Across groups, families reported relatively high levels of Resilience at baseline (overall $M = 5.8$ on a 7-point scale), with no statistically significant differences observed by program or waitlist status. This suggests that families reported substantial internal strengths already in place at the beginning of this study, even while navigating economic, caregiving, or housing stressors. Ratings of Social and Emotional Competence of Children were also high across groups (means ranging from 5.97 to 6.05), with no statistically significant differences observed. Together, these findings indicate that families report strong personal and child-level strengths at the beginning of this study, even when external needs remain.

When examined by program status, Concrete Support and Navigation was the only protective factor that differed significantly at baseline. Families connected to CCFA and ECL services reported significantly higher levels of Concrete Support and Navigation compared to other groups (e.g., CCFA: $F = 8.28$, $p = .004$; ECL: $F = 13.19$, $p < .001$). No significant differences were observed for other protective factor domains or among families on the waitlist or in Home Visiting. See **Appendix C**.

These baseline findings provide a reference point for examining how protective factors evolve over time as families continue to engage with services.

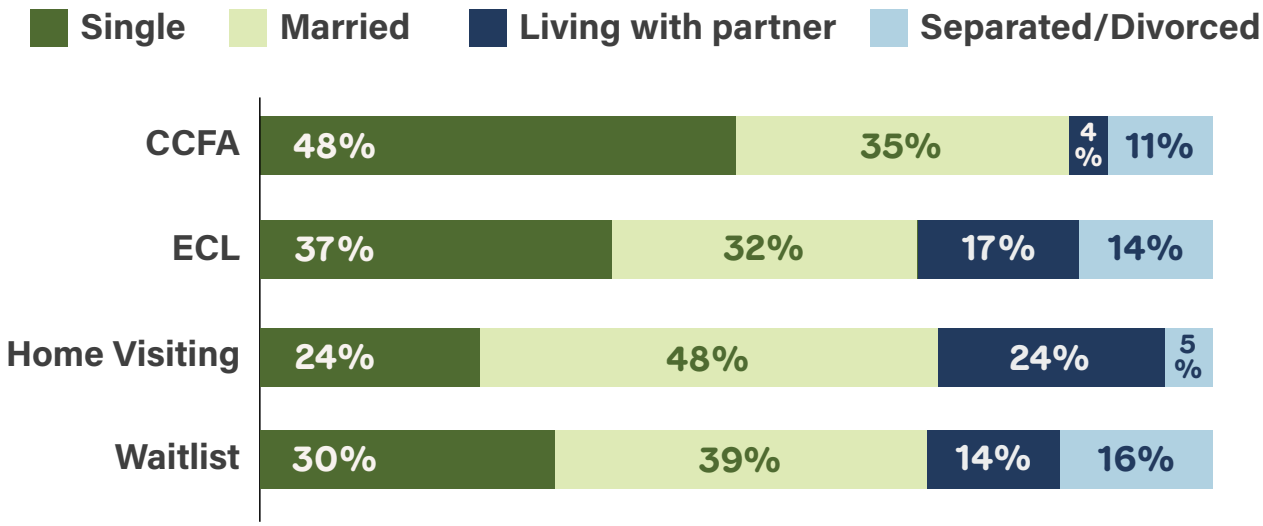
Differences in Family Economic and Social Conditions by Program

Several differences emerged when comparing families enrolled in CCRC programs with families on the waitlist, particularly in household structure, housing stability, employment circumstances, access to benefits, and practical stressors.

Household Composition

Family structure varied across programs. Among families participating in CCFA, nearly half (48%) identified as single parents, while 35% reported being married. Compared to other programs and the waitlist group, CCFA has the highest proportion of single-parent households, which may reflect the program's income eligibility requirements. In contrast, families in the Home Visiting program had the highest percentage of married caregivers (48%) (see **Figure 2**).

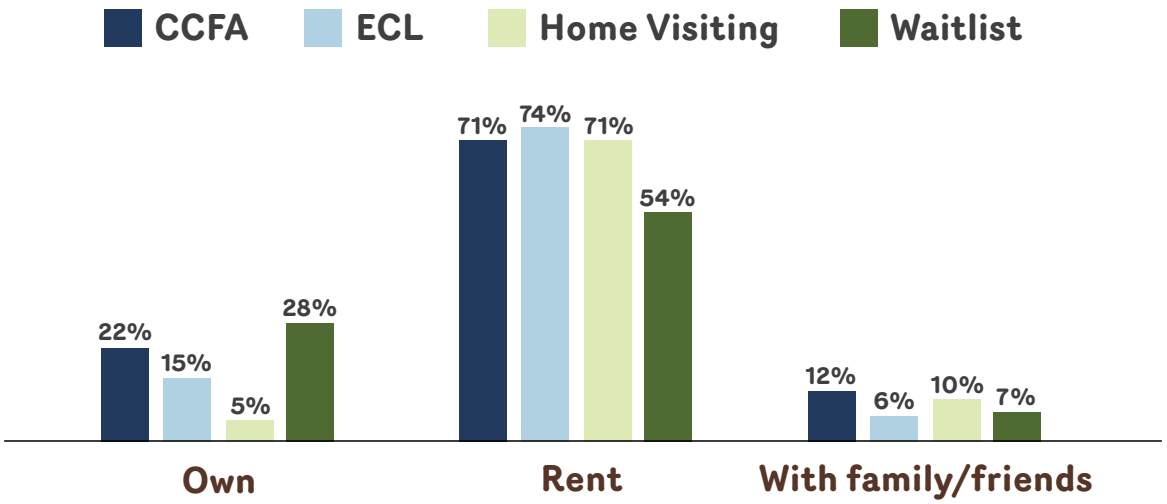
Figure 2. Marital Status Percentage by Program



Housing Stability

Housing stability also differed by program participation. Families enrolled in CCRC programs were more likely to rent their homes, while families on the waitlist were more likely to report home ownership, with 28% indicating they owned their residence (see **Figure 3**). This may reflect a higher income level for families on the waitlist, resulting in a lack of eligibility for programs that require lower incomes to qualify.

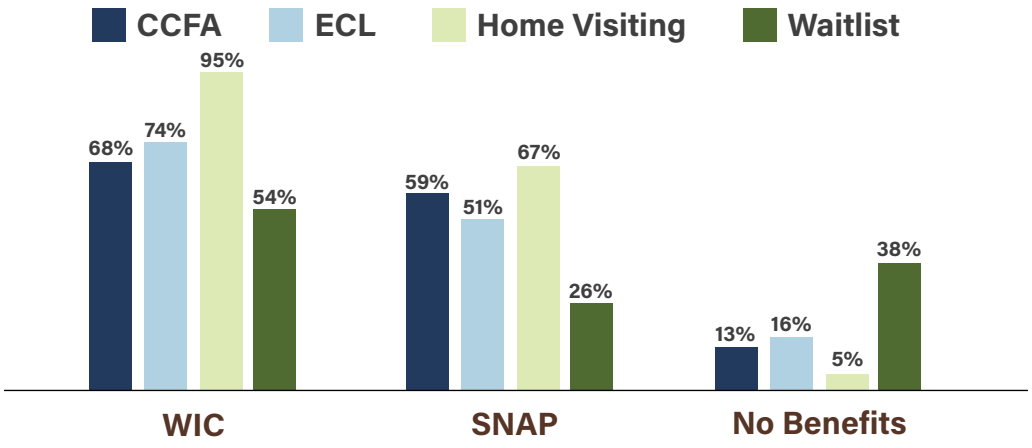
Figure 3. Housing Status Percentage by Program



Participation in Public Assistance Programs

Families were asked about participation in other government assistance programs. Across CCRC programs, participation in public benefits was common. More than two-thirds of program participants reporting receiving WIC (Special Supplemental Nutrition Program for Women, Infants, and Children), including 95% of respondents in the Home Visiting program. In contrast, 38% of waitlist respondents, the highest proportion among all groups, reported not participating in any public benefits or services (see **Figure 4**).

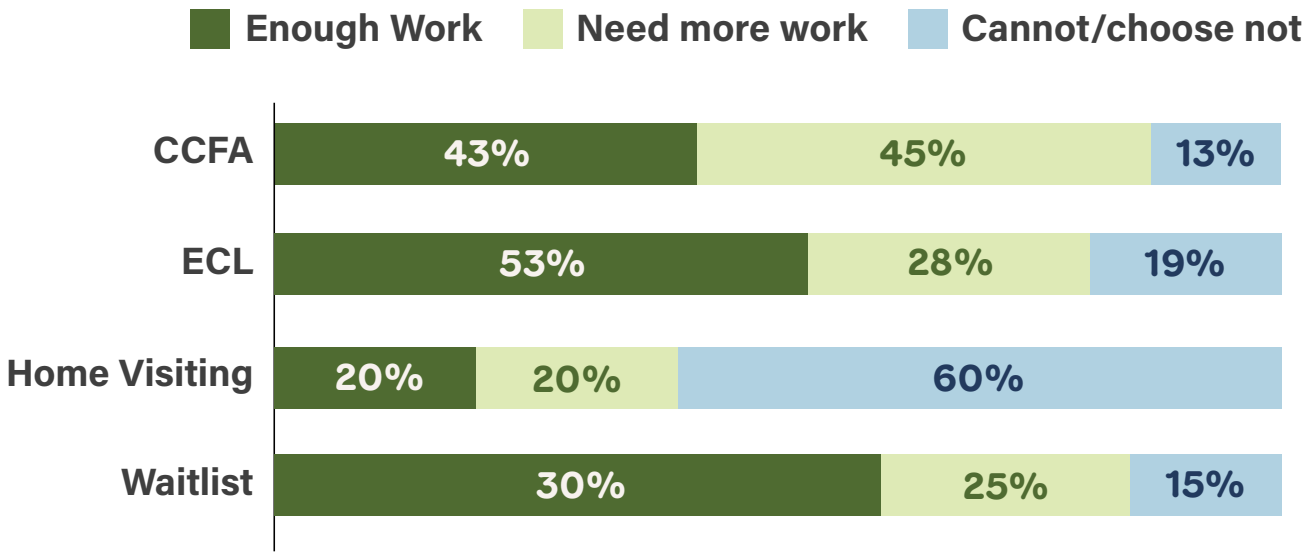
Figure 4. Government Assistance Program Participation Percentage by Program



Employment and Work Sufficiency

Differences also emerged in employment experiences. Among CCFA participants, 43% reported having enough work, compared to 60% of waitlist respondents. The CCFA program may be interested in exploring why 45% of parents state they need more work and consider connecting with parents on this need. In the Home Visiting program, 60% selected "Cannot/Choose not to work," reflecting the program's focus on new mothers, many of whom may be on maternity leave or choosing to remain home during their child's infancy (see **Figure 5**).

Figure 5. Employment Experience Percentage by Program

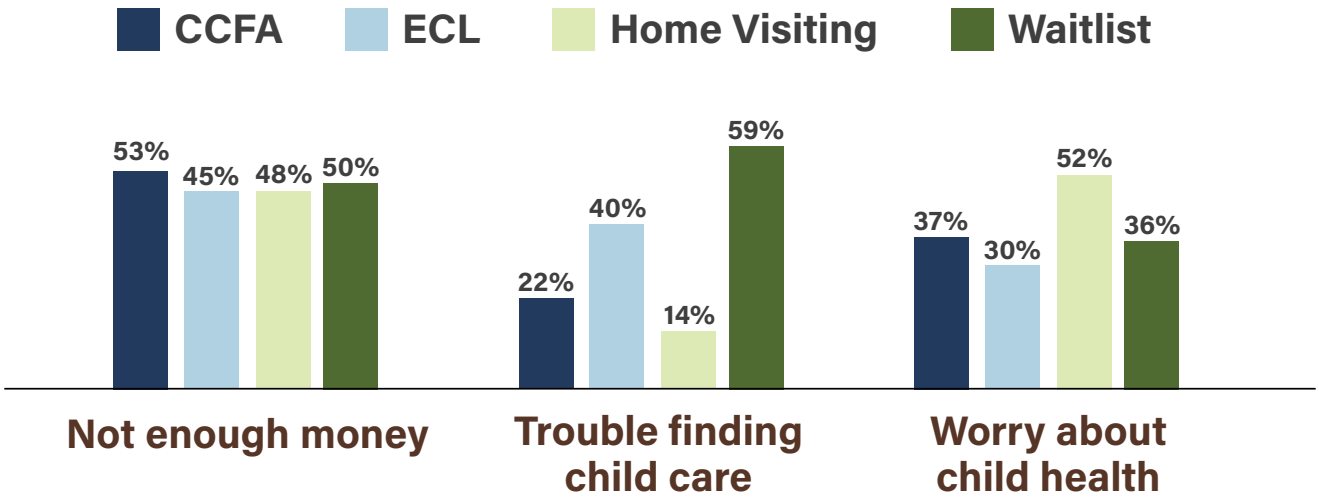


Financial Strain and Practical Barriers

Across all groups, approximately half of respondents reported worrying about not having enough money to cover basic necessities, suggesting that financial strain is common regardless of program participation.

However, access to child care differed significantly. A majority of waitlist respondents (59%) reported trouble finding child care, compared to 22% of CCFA, 40% of ECL, and 14% of Home Visiting participants. The 40% of ECL parents reporting challenges accessing child care should be explored, whether it's after-hours care or during breaks/ summers. When asked specifically about barriers to accessing care, 85% of waitlist respondents reported that child care was too expensive, underscoring the need for subsidized child care services (see **Figure 6**). In contrast, families enrolled in CCRC programs reported relatively few specific challenges related to child care access.

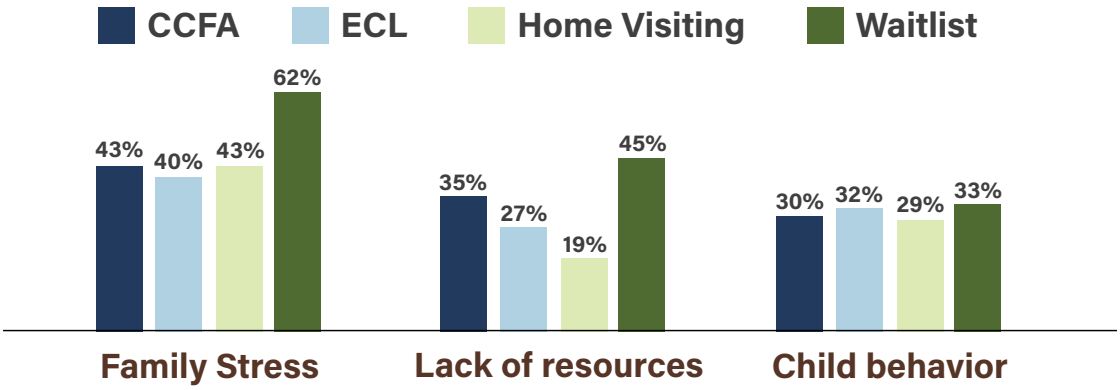
Figure 6. Practical Barriers Percentage by Program



Parenting Stress and Family Challenges

Finally, families were asked about challenges that impact their confidence as parents. Across all groups, approximately one-third reported concerns related to managing their child's behavior. The most notable difference emerged in reported family stress: 62% of waitlist respondents indicated that family stress affected their parenting, compared to approximately 40% of families enrolled in CCRC programs (see **Figure 7**).

Figure 7. Parenting Challenges Percentage by Program



Taken together, these differences reflect variation in families' access to economic stability, social supports, and basic resources—core components of the Social Determinants of Health and foundational levels of Maslow's Hierarchy of Needs. Families on the waitlist reported higher levels of financial strain, difficulty accessing child care, and family stress, suggesting greater unmet needs related to safety, stability, and belonging. In contrast, families enrolled in CCRC programs reported fewer child care barriers and lower levels of family stress, which may indicate strengthened protective factors, such as increased parental resilience and improved access to concrete supports. While these findings represent a baseline snapshot, they also provide important context for understanding how access to services may influence family well-being over time.

The CCRC Experience

During the 40 Key Informant Interviews (KIIs), caregivers were asked how they heard of CCRC's services. Out of 39 responses, many families (41%) discovered CCRC through informal and community-based channels such as friends, family members, other parents, teachers, daycare providers, community nonprofits, and healthcare or early intervention programs. Additionally, 31% found CCRC through public assistance and government-related programs (CalWORKs/GAIN, county social services/county offices, DCFS, court counselors, Head Start/Early Head Start referrals). And several participants (18%) described finding CCRC independently through online searches while looking for child care, preschool, or family support services, often during periods of transition such as relocation, pregnancy, or returning to work or school. A smaller group learned about CCRC through professional or institutional connections, including employers, county offices, or prior work experience with the organization.

Service Experience

For those receiving services, participants consistently described CCRC as a critical source of stability and support for their families. Access to subsidized child care was frequently cited as essential to enabling parents to work, attend school, and manage significant life challenges with reduced stress—particularly for single parents, families with limited income, or those without extended family support. One CCFA caregiver shared, "It's a struggle to put a child in daycare, it's a (financial) burden, it's a lot of money, it's hard without CCRC to make it happen, and if you don't have a safe place to keep your child, then you won't be able to do your work." Many caregivers highlighted positive experiences with CCRC staff, timely placements once approved, and meaningful developmental benefits for their children, including improved speech, socialization, emotional growth, and school readiness.

"If (CCRC Staff) can't help you, then (they'll) find resources for you that can help."

- Home Visiting Caregiver

At the same time, participants described challenges related to accessing and navigating services, most commonly long waitlists, lost or extensive paperwork, communication delays, recertification complexity, initial eligibility denials, and occasional billing or provider-payment issues. One caregiver on the waitlist explained, "When you're already working and juggling so much, it feels like a fulltime job to get assistance." Some families reported needing to visit offices in person to resolve time-sensitive concerns when phone or email communication was unsuccessful, and experiences varied depending on staff responsiveness. Despite these barriers, many participants emphasized their persistence ultimately led to successful enrollment, and satisfaction with services was high once care was established. Overall, families expressed strong gratitude for CCRC's role in improving their quality of life and expanding opportunities for both parents and children, while also underscoring the importance of clear information, consistent communication, and broader outreach—particularly for immigrant families or those unfamiliar with available resources.

"When you get the employees that are knowledgeable about the programs and benefits they offer and have the heart to help, those people make it so easy"

-CCFA Caregiver.

Waitlist Experience

Many participants described the application process as manageable and less stressful than other public assistance systems. Several parents appreciated that enrolling with CCRC's waitlist did not feel overwhelming or chaotic, especially compared to experiences with healthcare or welfare programs. Communication through emails and portals was generally viewed as clear, and families felt they were doing everything required of them, including submitting documentation and income verification. For some, simply knowing they were connected to CCRC provided hope and a sense of relief during periods of significant personal, financial, or family stress.

"I'm in this crappy gray area where I make too much to get support, yet I don't make enough to make ends meet."

- Caregiver on the Waitlist

However, a dominant theme across responses was the extended waitlist and lack of movement into services, which caused frustration, uncertainty, and financial strain. One caregiver on the waitlist shared, "I'm in this crappy gray area where I make too much to get support, yet I don't make enough to make ends meet." Many families reported being on the waitlist for long periods, sometimes spanning years, without clear updates or proactive outreach. Parents often had to repeatedly submit income verification documents while still waiting, which felt repetitive and burdensome. Several participants shared that despite qualifying or having high needs—such as disabilities, single-parent households, or rising child care costs, the prolonged wait ultimately meant their children aged out of eligibility before receiving support, turning what initially felt like a lifeline into a tragically missed opportunity. Overall, while families valued CCRC's mission and process, the length and uncertainty of the waitlist significantly limited the program's impact for those unable to access services in time.

"[The CCFA program] seemed like a light in a dark tunnel that I was reaching for, but it never provided what I needed."

- Caregiver on the Waitlist

CCRC's Impact on Families

Survey and interview respondents were asked to reflect on how participating—or not participating—in CCRC services affected their families. Across interviews, participants consistently described CCRC as a vital source of stability, safety, and opportunity for both parents and children. Caregivers frequently highlighted the developmental benefits of high-quality child care, noting improvements in their children's language development, socialization, emotional regulation, motor skills, and school readiness. Many expressed deep trust and confidence in CCRC-supported providers and contrasted these experiences with prior informal or less reliable care arrangements. For these families, the peace of mind that came from knowing their children were in safe, nurturing, and structured environments was invaluable.

"It's the difference of having to pay for a sitter that I don't really know...knowing he's able to stay at school...in a safe environment...is worth everything to me."

-CCFA Caregiver

Beyond child care, families described the value of CCRC's comprehensive and wraparound supports. Caregivers described benefiting from parenting education, developmental screenings, therapy referrals, mental health resources, food and supply donations, community events, and ongoing communication from staff. One ECL caregiver shared, "The staff, the programs, everything I've ever participated in has been amazing." For many families—particularly single parents, immigrant families, foster families, and those without local support networks—CCRC was repeatedly described as a "village" or lifeline. Participants emphasized that the organization provided both emotional reassurance and practical assistance during periods of instability and stress.

"If we were struggling or going through something, there was always somebody that we could go talk to...they were always there for support and guidance."

- ECL Caregiver

Survey Findings: Key Impact Themes

Analysis of open-ended survey responses reinforced these interview findings. Open-ended responses were coded and grouped into six primary themes related to CCRC's impact:

- Child Care and Work–Life Balance: Many caregivers reported they would be unable to maintain employment or stable income without CCRC child care support.
- Financial and Resource Support: Families described substantial financial relief due to reduced child care costs and access to additional resources.
- Personal and Professional Advancement: Caregivers noted that reliable child care enabled them to attend college, complete degrees, or pursue vocational training.
- Child Development and Learning: Respondents frequently cited improvements in children's social skills, language development, and overall school readiness because of their child's participation in CCRC's programs.
- Emotional Support and Community Connection: Families reported reduced stress and expressed appreciation for feeling supported, heard, and connected to a broader community.
- No Change: A small number of respondents – primarily waitlist participants - reported no perceived change in their circumstances.

Together, these findings illustrate that CCRC's impact extends beyond child care access alone. Families described meaningful improvements in economic stability, child development, emotional well-being, and overall family resilience.

Differences by Program Participation

Differences across programs highlight how families' needs are addressed at different levels, from meeting basic economic and resource needs to supporting longer-term growth, stability, and child development.

Responses varied by program type. Child Care Financial Assistance (CCFA) and Early Care and Learning (ECL) participants had the highest proportion of comments related to Child Care and Work–Life Balance. One CCFA caregiver shared, "Without CCRC I would not be able to work," while an ECL caregiver noted, "It allows me to have time to do the things I need to get done."

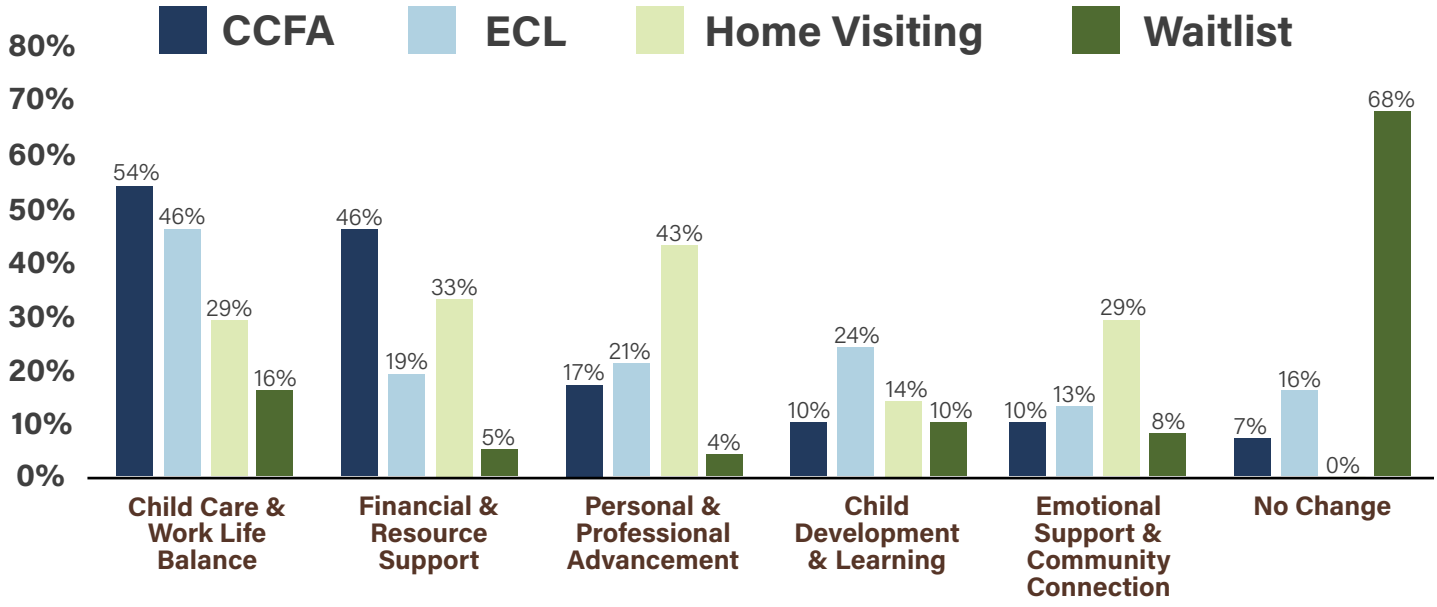
CCFA and Home Visiting participants most frequently referenced Financial and Resource Support, underscoring the importance of economic stability and access to services in supporting family well-being. Caregivers emphasized that assistance with child care costs reduced financial strain with comments such as, "I would not be able to pay my mortgage if I had to pay for child care alone."

Participants in Home Visiting most often described impacts related to Personal and Professional Advancement, as well as Emotional Support and Community Connection. Caregivers emphasized increased confidence in their parenting and a stronger understanding of their child's development, while one noting the program "helped me be confident in parenthood while also making me feel more confident as a mother." Caregivers also referenced practical supports, including assistance with managing child behavior, accessing resources, and maintaining employment, with one caregiver noting it "helped me work and maintain a job."

ECL participants most frequently cited Child Development and Learning outcomes, with caregivers noting improvements such as, "It has improved my child's social and language skills."

As expected, the majority of waitlist respondents (68%) reported experiencing no change, reflecting limited access to services during the study period (see **Figure 8**).

Figure 8. CCRC Impact by Program



Discussion

Families demonstrate strengths amid ongoing stress

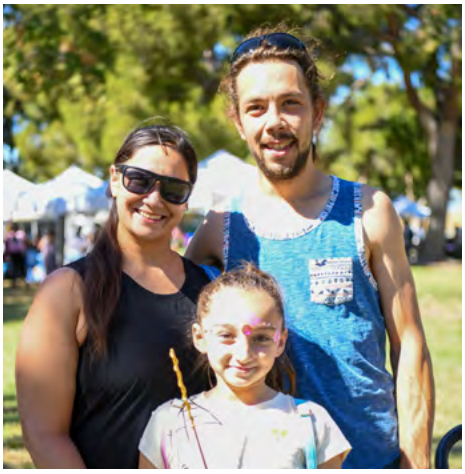
At baseline, families across CCRC programs and the waitlist reported relatively strong protective factors, including resilience and social and emotional competence of children, with few differences across groups. At the same time, families continue to experience financial strain, child care access challenges, and system navigation burdens, reflecting broader social and economic conditions that shape daily functioning even when internal coping skills are strong.

Baseline differences reflect access, not impact

Where differences emerged, particularly in concrete support and navigation, these patterns are best understood as reflecting access to services rather than early program impact. From a needs-based perspective, families connected to CCRC's services appear better positioned to meet foundational needs related to stability and security, while families on the waitlist continue to face uncertainty that constrains progress toward longer-term goals.

Why this matters going forward

These baseline patterns serve to establish a reference point for examining change over time. As families continue to engage or remain unable to engage with services, future findings will clarify how access to support influences families' ability to stabilize foundational needs and sustain well-being. Continued family participation in this evaluation is essential to the integrity of this work. Over the coming years, we will be able to see how families grow and what role CCRC programs play in their lives.



Conclusion

The first year of the GROW Study provides a foundational snapshot of families as they enter CCRC services—or remain on the waitlist—within broader social and economic contexts that shape their daily lives. Grounded in the Protective Factors Framework, Maslow's Hierarchy of Needs, and the Social Determinants of Health, this baseline analysis highlights both the strengths families bring with them and the structural barriers many continue to face.

Families across groups reported meaningful resilience and commitment to their children, reinforcing that families often enter services with significant internal strengths already in place. At the same time, differences between enrolled families and those on the waitlist underscore the importance of access to child care, financial relief, and concrete supports in reducing stress and stabilizing foundational needs. Families connected to services reported fewer child care barriers and lower levels of family stress, while waitlisted families described prolonged uncertainty, financial strain, and unmet needs.

Importantly, this first year is not designed to demonstrate long-term impact, but rather to establish a reference point. The baseline findings clarify where families begin and illuminate the conditions under which services are delivered. As the study progresses, future waves of data will allow for a deeper understanding of how sustained access to child care, family supports, and navigation assistance may influence families' ability to meet basic needs, strengthen protective factors, and pursue longer-term goals.

Ultimately, the GROW Study positions CCRC to better understand not only whether programs work, but how and under what conditions they contribute to family well-being. By examining the interaction between internal strengths and external supports over time, this research will inform continuous improvement efforts and strengthen CCRC's ability to respond to the evolving needs of families and communities across northern Los Angeles and San Bernardino Counties.

Appendix A: Demographics

Children's Ages Frequencies

Ages of Children	Number of Children*
0-2 years old	230
3-5 years old	265
6-12 years old	159
13+ years old	77

*Participants could choose more than one option

Type of Caregiver Frequencies

Type of Caregiver	Percentage (N=450*)
Biological Parent	86%
Legal Guardian	4%
Relative	3%
Step-Parent	2%
Foster parent	2%
Adoptive Parent	1%
Other	2%

*Participants could choose more than one option

Marital Status Frequencies

Marital Status	Percentage (N=417*)
Single	40%
Married	36%
Living with a partner	10%
Separated	9%
Divorced	5%
Widowed	1%

*Participants could choose more than one option

Ethnicity Frequencies

Ethnicity	Percentage (N=450*)
Latino	51%
African American	17%
White	17%
Asian	3%
Native American	2%
Middle Eastern	2%
Pacific Islander	1%
Other	7%

*Participants could choose more than one option

Appendix B: Language

Languages Spoken Frequency

Language	Percentage (N=406*)
English	85%
Spanish	45%
Armenian	6%
American Sign language	4%
Russian	3%
Arabic	1%
Farsi	1%
Other	5%

*Participants could choose more than one option

Appendix C: Protective Factors at Baseline

Note: For analytic purposes, scale labels were abbreviated (ER, PSE, SSC, CSN, GPF, GTP) to facilitate statistical analysis. Abbreviations correspond directly to the full constructs listed.

		Protective Factors
ER	Emotional Resilience & Coping	Resilience
PSE	Parenting Self-Efficacy	Parenting Knowledge
SSC	Social Support & Connection	Social Connections
CSN	Concrete Support & Navigation	Concrete Support in Times of Need
GPF	Global Protective Processes	Social & Emotional Competence of Children
GTP	Growth Through Parenting	

		ER Mean	PSE Mean	SSC Mean	CSN Mean	GPF Mean	GTP Mean
CCFA	Mean	5.78	5.6	5.3	4.89	6.03	4.72
	N	205	205	205	205	205	205
	Std. Deviation	0.89	0.74	1.39	0.95	0.81	0.6
ECL	Mean	5.72	5.6	5.3	5.32	6.05	4.75
	N	89	89	89	89	89	89
	Std. Deviation	0.95	0.73	1.47	0.76	0.76	0.78
HV	Mean	6.13	5.7	5.48	5.15	5.97	4.89
	N	21	21	21	21	21	21
	Std. Deviation	0.55	0.52	1.52	0.54	0.78	0.61
Waitlist	Mean	5.74	5.52	5.3	5.01	6.04	4.84
	N	109	109	109	109	109	109
	Std. Deviation	0.86	0.73	1.34	0.9	0.77	0.62

CCFA

		Sum of Squares	df	Mean Square	F	Sig.
ER	Between Groups	.023	1	.023	.031	.860
	Within Groups	300.167	404	.743		
	Total	300.190	405			
PSE	Between Groups	.079	1	.079	.147	.701
	Within Groups	216.851	404	.537		
	Total	216.930	405			
SSC	Between Groups	.040	1	.040	.022	.882
	Within Groups	730.628	404	1.808		
	Total	730.668	405			
CSN	Between Groups	6.637	1	6.637	8.282	.004*
	Within Groups	323.744	404	.801		
	Total	330.381	405			
GPF	Between Groups	.009	1	.009	.015	.903
	Within Groups	241.078	404	.597		
	Total	241.087	405			
GTP	Between Groups	.945	1	.945	2.495	.115
	Within Groups	152.926	404	.379		
	Total	153.871	405			

*p<.05. Indicates statistically significant differences across program groups. Only CSN was significant.

ECL

		Sum of Squares	df	Mean Square	F	Sig.
ER	Between Groups	.393	1	.393	.530	.467
	Within Groups	299.796	404	.742		
	Total	300.190	405			
PSE	Between Groups	.015	1	.015	.027	.869
	Within Groups	216.916	404	.537		
	Total	216.930	405			
SSC	Between Groups	.002	1	.002	.001	.974
	Within Groups	730.666	404	1.809		
	Total	730.668	405			
CSN	Between Groups	10.444	1	10.444	13.188	<.001*
	Within Groups	319.937	404	.792		
	Total	330.381	405			
GPF	Between Groups	.066	1	.066	.111	.740
	Within Groups	241.021	404	.597		
	Total	241.087	405			
GTP	Between Groups	.036	1	.036	.094	.759
	Within Groups	153.835	404	.381		
	Total	153.871	405			

*p<.05. Indicates statistically significant differences across program groups. Only CSN was significant.

HV

		Sum of Squares	df	Mean Square	F	Sig.
ER	Between Groups	2.805	1	2.805	3.811	.052
	Within Groups	297.385	404	.736		
	Total	300.190	405			
PSE	Between Groups	.197	1	.197	.368	.544
	Within Groups	216.733	404	.536		
	Total	216.930	405			
SSC	Between Groups	.693	1	.693	.384	.536
	Within Groups	729.974	404	1.807		
	Total	730.668	405			
CSN	Between Groups	.423	1	.423	.518	.472
	Within Groups	329.958	404	1.807		
	Total	330.381	405			
GPF	Between Groups	.070	1	.070	.118	.731
	Within Groups	241.017	404	.597		
	Total	241.087	405			
GTP	Between Groups	.310	1	.310	.816	.367
	Within Groups	153.560	404	.380		
	Total	153.871	405			

Waitlist

		Sum of Squares	df	Mean Square	F	Sig.
ER	Between Groups	.224	1	.224	.302	.583
	Within Groups	299.966	404	.742		
	Total	300.190	405			
PSE	Between Groups	.587	1	.587	1.096	.296
	Within Groups	216.344	404	.536		
	Total	216.930	405			
SSC	Between Groups	.003	1	.003	.001	.970
	Within Groups	730.665	404	1.809		
	Total	730.668	405			
CSN	Between Groups	.004	1	.004	.005	.946
	Within Groups	330.377	404	.818		
	Total	330.381	405			
GPF	Between Groups	.034	1	.034	.057	.811
	Within Groups	241.053	404	.597		
	Total	241.087	405			
GTP	Between Groups	.740	1	.740	1.951	.163
	Within Groups	153.131	404	.379		
	Total	153.871	405			








The GROW Study

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Year 1






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